

09/851645

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	0100-20+	
INDEPENDENT CLAIMS	0100-3+	
MULTIPLE DEFICIENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A 12/12/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESNT EXTRA
	Total	52	52	
Independent	6	None	6	
FIRST PRESENTATION OF MULTIPLE DEFICIENT CLAIM <input type="checkbox"/>				

N2.6-28-05

SMALL ENTITY  
TYPE  OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	750.00
X25+		OR X50+	
X50+		OR X50+	
+150+		OR +300+	
TOTAL		OR TOTAL	

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X25+		OR X50+	
X50+		OR X50+	
+150+		OR +300+	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESNT EXTRA
	Total	48	52	
Independent	6	None	6	
FIRST PRESENTATION OF MULTIPLE DEFICIENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X25+		OR X50+	
X50+		OR X50+	
+150+		OR +300+	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT C 8/8/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESNT EXTRA
	Total	48	52	
Independent	6	None	6	
FIRST PRESENTATION OF MULTIPLE DEFICIENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X25+		OR X50+	
X50+		OR X50+	
+150+		OR +300+	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 2.
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 5, enter "5".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest of all four figures in column 1.

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